

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

KEVIN KILEY FOR CONGRESS

ADDRESS (number and street) 9458 TREELAKE RD.

(Check if address is changed)

GRANITE BAY CA 95746  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  (Check if address is changed) DAVIDBAUER60@HOTMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed)

2. DATE 05 / 14 / 2024

3. FEC IDENTIFICATION NUMBER C C00801985

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BAUER, DAVID, , ,

Signature of Treasurer BAUER, DAVID, , , Date 05 / 14 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate KILEY, KEVIN, , ,

Candidate Party Affiliation REP Office Sought:  House  Senate  President State CA District 03

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. KILEY CA VICTORY FUND
2. American Battleground Fund

- C C00818856
- C C00857649

Write or Type Committee Name

KEVIN KILEY FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Battleground Fund

Mailing Address

P.O. Box 30844

Bethesda

MD

20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BAUER, DAVID, , ,

Mailing Address

9458 TREELAKE RD.

GRANITE BAY

CA

95746

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

916

847

4783

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

BAUER, DAVID, , ,

Mailing Address

9458 TREELAKE RD.

GRANITE BAY

CA

95746

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

916

847

4783

Full Name of Designated Agent

None, , , ,

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CALIFORNIA BANK AND TRUST

Mailing Address

550 SOUTH HOPE ST. #100

LOS ANGELES

CITY ▲

CA

STATE ▲

90071

ZIP CODE ▲

Name of Bank, Depository, etc.

Evolve Bank and Trust

Mailing Address

301 Shoppingway Blvd.

West Memphis

CITY ▲

AR

STATE ▲

72301

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

- 1. Protect the House California 2024
- 2. Protect the House 2024
- 3. Scalise Leadership Fund 2024
- 4.

- FEC ID number C C00839308
- FEC ID number C C00831925
- FEC ID number C C00857144
- FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

KILEY CA VICTORY FUND

Mailing Address 9458 TREELAKE RD.

GRANITE BAY CA 95746

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

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1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
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2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

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Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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